Plan Comparison	**Kaiser Permanente**	**CareFirst POS**		**CIGNA OAP High**		**Cigna OAP Low**	
	In Network Only - Local	**In Network - Local**	**Out of Network**	**In Network - National**	**Out of Network**	**In Network - National**	**Out of Network**
Plan Contact Number	Customer Service: 301-468-6000 www.kaiserpermante.org	Customer Service Number: 800-628-8549 www.Carefirst.com		Customer Service Number: 800-244-6224 Website: www.cigna.com or www.mycigna.com			
Primary Care Physician (PCP)	$10; no charge for children up to age 5 (PCP is required)	$10 – (PCP is required)	70% of allowed benefit after deductible	$15 for PCP (no PCP required)	70% of allowed benefit after deductible	90% of allowed benefit after deductible	70% of allowed benefit after deductible
Specialty Care	$10; no charge for children up to age 5 (referrals required for those without Medicare)	$15 (referral required)	70% of allowed benefit after deductible	$25 (no referral required)	70% of allowed benefit after deductible	90% of allowed benefit after deductible	70% of allowed benefit after deductible
Annual Deductible	0	$0	$250 individual / $500 family	$0	$250 individual / $500 family	$250 individual / $500 family	$500 individual / $1,000 family
Annual Out-of-Pocket Limit	$3,500 individual / $9,400 family	$0	$4,000 individual / $8,000 family	$0	$4,000 individual / $8,000 family	$2,000 individual / $4,000 family	$4,000 individual / $8,000 family
Preventive Care (Children and Adults)	Covered in full. See Fairfax Net for list of services.	Covered in full. See Fairfax Net for list of services.	70% of allowed benefit (children through age 17 pay no deductible) See Fairfax Net for list of services.	Covered in full. See Fairfax Net for list of services.	70% of allowed benefit (children through age 17 pay no deductible) See Fairfax Net for list of services.	Covered in full. See Fairfax Net for list of services.	70% of allowed benefit (children through age 17 pay no deductible) See Fairfax Net for list of services.
Laboratory & X-Ray	Covered in full.	Covered in full at approved radiology/lab centers. $25 copay at approved outpatient department of hospital (fee waived for therapeutic radiation and chemotherapy)	70% of allowed benefit after deductible	Covered in full at physician's office after office visit copay. Advanced radiology: $75 copay at radiology center or hospital outpatient facility	70% of allowed benefit after deductible	90% of allowed benefit after deductible	70% of allowed benefit after deductible
Inpatient Hospital Care/ Doctor's Services	Covered in full.	Covered in full.	70% of allowed benefit after deductible	Covered in full after $100 per admission copay	70% of allowed benefit after deductible	90% of allowed benefit after deductible	70% of allowed benefit after deductible
Emergency Room Treatment	$150 copay for emergency services (waived if admitted other than for observation)						
Urgent Care Treatment	$10 copay per visit	$25	Initial Care: covered in-network. Follow-up care at 70% of allowed benefit after deductible	$25 copay per visit	$25 copay per visit	$25 copay per visit	$25 copay per visit
Mental Health and Substance Abuse Treatment	*Inpatient* – covered in full when medically necessary *Outpatient* – $10 individual visit; $5 group visit	*Inpatient* – covered in full *Outpatient* – $10 per visit	*Inpatient and Outpatient* - 70% of allowed benefit after deductible	*Inpatient* – covered in full after $100 per admission copay *Outpatient* – $15 copay	*Inpatient and Outpatient* - 70% of allowed benefit after deductible	*Inpatient and Outpatient* - 90% of allowed benefit after deductible	*Inpatient and Outpatient* - 70% of allowed benefit after deductible
Hearing Aids	Covered in full to maximum. One hearing aid/ear every 36 months - $1,000 maximum	Maximum benefit is $2,800 every 36 months (combined in-network and out-of-network)					
TMJ, surgical and non-surgical	Not covered.	Covered in full for pre-surgical x-rays and surgery; Physician: $15 copay; Inpatient: $25 copay	70% of allowed benefit after deductible for pre-surgical x-rays and surgery	Coverage is the same as for other medical conditions. Maximum: $600 lifetime for non-surgical services	70% of allowed benefit after deductible. Maximum: $600 lifetime for non-surgical services	Not covered.	Not covered.
Annual Prescription Drug Deductible	$0	$50 Individual / $100 family					
Prescription Drug Out-of-Pocket Limit	$0	$1,000 Individual / $2,000 family					
Prescription Drugs	*Kaiser pharmacy (up to 30 day supply)*	*Retail (up to 34 day supply)*	*Retail (up to 34 day supply)*	*Retail (up to 34 day supply)*	*Retail (up to 34 day supply)*	*Retail (up to 34 day supply)*	*Retail (up to 34 day supply)*
	$10 copay - Generic	$7 copay - Generic	70% of allowed benefit after deductible	$7 copay - Generic	70% of allowed benefit after deductible	$7 copay - Generic	Not covered
	$20 copay - brand formulary	20% - brand formulary maximum $50		20% - brand formulary maximum $50		20% - brand formulary maximum $50	
	$35 copay - brand non-formulary	30% -brand non-formulary max. $100		30% -brand non-formulary max. $100		30% -brand non-formulary max. $100	
	Community pharmacy (up to 34 day supply)						
	$20 copay - Generic						
	$40 copay - brand formulary	*Mail Order (up to 90-day supply)*	*Mail Order (up to 90-day supply)*	*Mail Order (up to 90-day supply)*	*Mail Order (up to 90-day supply)*	*Mail Order (up to 90-day supply)*	*Mail Order (up to 90-day supply)*
	$55 copay - brand non-formulary	$14 copay - Generic	Not covered	$14 copay - Generic	Not covered	$14 copay - Generic	Not covered
	Mail Order (up to 90-dauy supply)	20% - brand formulary maximum $100		20% - brand formulary maximum $100		20% - brand formulary maximum $100	
	$16 copay - Generic	30% -brand non-formulary max. $200		30% -brand non-formulary max. $200		30% -brand non-formulary max. $200	
	$36 copay - brand formulary						
	$66 copay - brand non-formulary						
Vision Care	Vision care through Davis Vision.						

These charts provide general information on the benefits offered by the county's four plans. The Summaries of Benefit Coverage (SBC) for each coverage option are provided in the Open Enrollment packet pursuant to the Patient Protection and Affordable Care Act (commonly referred to as "Healthcare Reform.") For more detailed information on each plan, including summary plan descriptions, please refer to materials provided on the Benefits webpage on fairfaxNET.